

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedomworks for America		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ARROWHEAD GRAPHICS, INC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2016	
Mailing Address 508 HOUSTON ST		Amount 7086.63	
City GREENSBORO	State NC	Zip Code 27401	Transaction ID : SE24.24
Purpose of Expenditure EVENT COLLATERAL MATERIALS		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
Name of Federal Candidate WALTER BEAMAN JONES JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		14754.22	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ARROWHEAD GRAPHICS, INC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2016	
Mailing Address 508 HOUSTON ST		Amount 4948.48	
City GREENSBORO	State NC	Zip Code 27401	Transaction ID : SE24.25
Purpose of Expenditure EVENT COLLATERAL MATERIALS		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 02 / 2016
Name of Federal Candidate WALTER BEAMAN JONES JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		14754.22	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12035.11
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MELODIE JOHNSON

[Electronically Filed]

Date

MM / DD / YYYY
02 / 05 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedomworks for America		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CAMPAIGN MARKETING STRATEGIES		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2016	
Mailing Address 3240 WILSON BLVD STE 202		Amount 2719.11	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.26
Purpose of Expenditure MESSAGE PHONE CALLS	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2016	
Name of Federal Candidate WALTER BEAMAN JONES JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2719.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	14754.22

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MELODIE JOHNSON

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